

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

Mail Stop ~~AF~~ RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

on April 29, 2005.



Gloria L. Knox

In Re Application of:

Armstrong

Serial No.: 10/042,998

Filed: April 12, 2002

Confirmation No.: 6172

Group Art Unit: 3731

Examiner: Mendoza, Michael G.

Docket No.: 10148-1020

For: **Multiple Band Ligator and Anoscope System and Method for Using Same**

The following is a list of documents enclosed:

- Return Postcard
- Request for Continued Examination
- Amendment Transmittal Letter (Small)
- Amendment and Response
- Petition for Extension of Time under 37 CFR 1.136(a) (One-Month) extending the time period for response until April 30, 2005
- PTO-2038 authorizing payment in the amount of \$455.00 for Small Entity Extension of Time Fees

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (SMALL)

Docket No.

10148-1020

Applicant(s): **Armstrong**



Serial No.
10/042,998

Filing Date
April 12 2002

Examiner
Mendoze, Michael G.

Confirmation No.
6172

Group Art Unit
3731

Invention: **Multiple Band Litigator and Anoscope System**

**Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria VA 22313-1450**

Transmitted herewith is Request for Continued Examination, Amendment and Response, Petition for Extension of Time to extend time period for Response until April 30, 2005 and Certificate of Mailing in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33 -	54 =	0	X \$25.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0	X \$100.00	\$0.00
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>			\$180.00	\$
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$60.00	2 ND MONTH <input type="checkbox"/> \$225.00	3 RD MONTH <input type="checkbox"/> \$510.00	4 TH MONTH <input type="checkbox"/> \$795.00	\$60.00
Other Fees: Request for Continued Examination					\$395.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$455.00

- No additional fee is required.
- Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- A check in the amount of _____ to cover the filing fee is enclosed.
- A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____.
- The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

05/05/2005 TBESHAH1 00000016 10042998

02 FC:2251

60.00 DP

George M. Thomas, Reg. No. 22,260

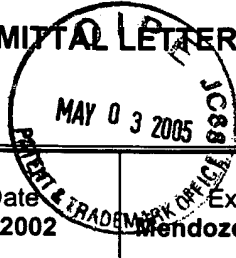
4/29/05
Date

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George M. Thomas, Reg. No. 22,260

4/29/05
Date